DEPARTMENT OF THE NAVY
NAVAL SUPPORT ACTIVITY WASHINGTON
1411 PARSONS AVENUE SE STE. 303
WASHINGTON NAVY YARD DC 20374-5003

5090
Ser N01C/000146
November 5, 2007

Mr. Pete Weber
NPDES Permits Program (3WP41)
EPA Region III
1650 Arch Street
Philadelphia, PA 19103-2029

Dear Mr. Weber:

SUBJECT: NPDES RENEWAL APPLICATION FOR PERMIT #DC0000159

Please find enclosed the renewal application for Permit # DC0000159 for Naval Support Facility (NSF) Anacostia. We have included data for outfalls 010, 016, 017, and 018, and request that the outfalls be evaluated separately for their potential impacts to storm water.

a. Outfall 010 collects storm water from the grounds of the helicopter hanger and refueling area. Therefore, outfall 010 is the only outfall receiving storm water associated with industrial activity as defined by 40 CFR 122.26. Outfall 010 is also associated with vehicle repair shops not classified as storm water associated with industrial activity. The maximum value of 24 mg/L of oil and grease reported on Form 2F is one of two exceedances recorded for the 47 storm events analyzed and reported in this application.

b. Outfall 016 is not associated with any industrial activity. We are continuing to investigate the source of oil and grease at that outfall.

c. Outfall 017 is associated with vehicle repair shops, but is not classified as storm water associated with industrial activity.

d. Outfall 018 is not associated with any industrial activity. The maximum value of 190 mg/L of oil and grease reported on Form 2F was attributed to a sanitary sewer back up from nearby Blue Plains Waste Treatment Plant. This is the only exceedance recorded during the 45 storm events analyzed and reported in this application.

We have included the outfall monitoring data for the last 3 years. Additional grab samples were collected in preparation for the permit application. However, that data could not be analyzed in time to be included in this application. The rain event in which we took the grab samples was not long enough to allow for flow weighted composite samples to be taken. Since then we have not had a rain event preceded by 72 hours of dry weather, therefore, flow weighted composite samples have not been collected.

If you have any questions, please contact Rita Smith at (301) 227-0001.

Sincerely,

G. A. CHAMBERLAIN JR.
Commanding Officer
Naval Support Activity
Washington

Encl: (1) EPA FORM 1, NSF ANACOSTIA, November 2007
(2) EPA FORM 2F, NSF ANACOSTIA, November 2007

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	DC4170000901		D

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: NAVAL SUPPORT FACILITY ANACOSTIA

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 SMITH, RITA - NPDES PROGRAM MANAGER	(301) 227-0001

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1013 O STREET, SE, BUILDING W166, SUITE 100N, PWD-ENV

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 WASHINGTON NAVY YARD, WASHINGTON	DC	20374

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2301 SOUTH CAPITAL STREET, SE

B. COUNTY NAME

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 WASHINGTON	DC	20373	

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 7699 — *(specify)* REPAIR SHOPS AND RELATED SERVICES, NOT ELSEWHERE CLASSIFIED - SPECIFICALLY RESERVE ACTIVITIES IN BUILINGS 353, 354, 355, 356, 364, 362, 400	7 7538 — *(specify)* GENERAL AUTOMOTIVE REPAIR SHOPS - SPECIFICALLY SECRET SERVICE
C. THIRD	**D. FOURTH**
7 4581 — *(specify)* AIRPORTS, FLYING FIELDS, AND AIRPORT TERMINAL SERVICES - SPECIFICALLY THE HMX COMPLEX (PRESIDENTIAL HELICOPTER SQUADRON)	7 — *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: 8 NAVAL DISTRICT WASHINGTON, NAVAL SUPPORT AREA WASHINGTON

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

F — *(specify)* DOD, U.S. NAVY

D. PHONE *(area code & no.)*: A (202) 433-2377

E. STREET OR P.O. BOX: DIA ACCESS ROAD, SE, NSF ANACOSTIA PWD

F. CITY OR TOWN: B WASHINGTON

G. STATE: DC

H. ZIP CODE: 20373

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: 9 N DC0000159	D. PSD *(Air Emissions from Proposed Sources)*: 9 P
B. UIC *(Underground Injection of Fluids)*: 9 U	E. OTHER *(specify)*: 9 DCR05A115 — *(specify)* NPDES STORMWATER MULTI-SECTOR GENERAL PERMIT FOR INDUSTRIAL ACTIVITIES
C. RCRA *(Hazardous Wastes)*: 9 R	E. OTHER *(specify)*: 9 — *(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

SEE NARRATIVE

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
CAPTAIN GEORGE A. CHAMBERLAIN JR. COMMANDING OFFICER		11/05/2007

COMMENTS FOR OFFICIAL USE ONLY

C

EPA FORM 1 – NARRATIVE

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area.

Attached as Figure 1 is a topographic map (Alexandria Quadrangle dated 1965) of the Naval Support Facility Anacostia, including the location of Outfalls 010, 016, 017, and 018. Figure 2 shows the storm sewer locations, drainage areas, exterior ASTs, hazardous waste storage location, structural control measures including dry and wet ponds, grassed swales and sand filters, and the location of Outfall 010, 016, 017, and 018.

XII. NATURE OF BUSINESS

The Naval Support Facility Anacostia (NSF Anacostia) currently serves as the personnel support base for activities in the Washington D.C. area. This facility was established during World War I as a naval aviation testing center using a portion of Bolling Field. NSF Anacostia was formally established in 1918. In the early 1940s, the flight testing activities were moved to Patuxent River to make room for expanded training facilities. All naval flight activities at NSF Anacostia ended by the 1960s. The 225-acre facility has been converted to administrative uses in the recent years.

Besides administrative activities, the facility is used for enlisted quarters, mess and gym, training facilities, a heliport with helicopter hangers, vehicle repair shops, an indoor rifle range, recreation fields, and communication facilities. Tenants representing various federal agencies also occupy buildings at this facility. NSF Anacostia hosts the Commander, Navy Installations, D.C. Army National Guard, DOD Inspector General, Naval and Marine Corps Reserve Center, Naval Media Center, Office of Chief of Information, White House Communications Facility, Secret Service, and the Marine Corps Presidential Helicopter Squadron (HMX).

The discharge to be covered by this permit application is generated solely by stormwater runoff from the parking areas and the building roof drains. The stormwater is collected at various points in the paved area and runs by gravity to four pumphouses from where it discharges at Outfall 010, 016, 017, and 018 into the Anacostia River.

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
DC4170000901

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM **2F** NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
010	77 DEG	00 MIN	48 SEC	38 DEG	51 MIN	05 SEC	ANACOSTIA RIVER
016	77 DEG	00 MIN	44 SEC	38 DEG	51 MIN	20 SEC	ANACOSTIA RIVER
017	77 DEG	00 MIN	33 SEC	38 DEG	51 MIN	32 SEC	ANACOSTIA RIVER
018	77 DEG	00 MIN	29 SEC	38 DEG	51 MIN	48 SEC	ANACOSTIA RIVER

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
SEE NARRATIVE					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
010	29 ACRES	72 ACRES			
016	5 ACRES	6 ACRES			
017	39 ACRES	82 ACRES			
018	14 ACRES	43 ACRES			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

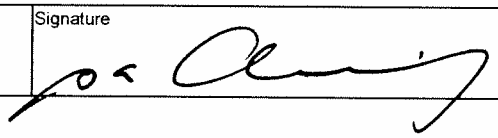
N/A

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
010	GRASSED SWALES; STORMWATER DIRECTED TO SHEET FLOW OVER GRASSY AREAS	1-Q
016	NONE	N/A
017	WET PONDS; DRY PONDS; GRASSED SWALES	1-U, 1-Q
018	SAND FILTERS; GRASSED SWALES	1-V, 1-Q

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
CAPTAIN G.CHAMBERLAIN, CMDG, OFCR		11/5/07

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

IN 1993 AND 1994, VISUAL OBSERVATIONS, SMOKE TESTING, AS WELL AS DYE TESTING WERE NONSPERFORMED AT OUTFALLS 010, 016, 017, AND 018. NO NONSTORMWATER DISCHARGES WERE OBSERVED.
ADDITIONALLY, IN JUNE 2000, AN ILICIT DISCHARGE SURVEY IDENTIFIED THAT THERE ARE NO ILLICIT DISCHARGES AT THE NAVAL SUPPORT FACILITY ANACOSTIA (NSF ANACOSTIA).

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

THERE HAVE BEEN NO SIGNIFICANT SPILLS AT THE NSF ANACOSTIA WITHIN THE LAST THREE YEARS.

EPA ID Number *(copy from Item 1 of Form 1)*
DC4170000901

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

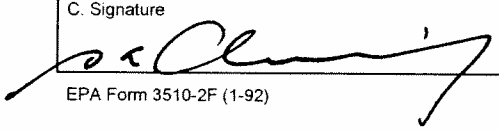
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
MARTEL LABORATORIES	1025 CROMWELL BRIDGE ROAD BALTIMORE, MD 21204	(410) 825-7790	Oil and Grease

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
CAPTAIN GEORGE CHAMBERLAIN, CMDG OFCR	(202) 433-3495
C. Signature	D. Date Signed
	11/05/2007

EPA ID Number (*copy from Item 1 of Form 1*)
DC4170000901

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* Outfall 010

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	24 mg/L	N/A	4.5 mg/L		47	SEE NARRATIVE
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum 6.3	Maximum 8.8	Minimum 6.9	Maximum 7.9	49	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A						

Continued from the Front

Outfall 010

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
N/A	N/A	N/A	N/A	N/A	N/A

7. Provide a description of the method of flow measurement or estimate.

N/A

EPA ID Number (*copy from Item 1 of Form 1*)
DC4170000901

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* Outfall 016

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	36 mg/L	N/A	11.9 mg/L		44	SEE NARRATIVE
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum 6.5	Maximum 8.0	Minimum 7.2	Maximum 7.3	47	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A						

Continued from the Front

Outfall 016

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A						

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
N/A	N/A	N/A	N/A	N/A	N/A

7. Provide a description of the method of flow measurement or estimate.

N/A

EPA ID Number (*copy from Item 1 of Form 1*)
DC4170000901

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* Outfall 017

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	7 mg/L	N/A	3.1 mg/L		31	SEE NARRATIVE
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum 6.4	Maximum 8.4	Minimum 6.7	Maximum 7.0	34	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A						

Continued from the Front

Outfall 017

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
N/A	N/A	N/A	N/A	N/A	N/A

7. Provide a description of the method of flow measurement or estimate.

N/A

EPA ID Number (*copy from Item 1 of Form 1*) DC4170000901

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)* Outfall 018

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	190 mg/L	N/A	8.1 mg/L		45	SEE NARRATIVE
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum 6.4	Maximum 8.6	Minimum 6.8	Maximum 7.1	46	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
N/A						

Continue on Reverse

Continued from the Front

Outfall 018

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
N/A	N/A	N/A	N/A	N/A	N/A

7. Provide a description of the method of flow measurement or estimate.

N/A

Versar INC

NSF Anacostia
NPDES Permit DC0000159
Renewal of Permit

EPA FORM 2F - NARRATIVE
US EPA Application for Permit to Stormwater Discharges Associated with Industrial Activity

II. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater treatment equipment practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

NSF Anacostia has been operating under an Individual NPDES Stormwater Discharge permit (DC0000159) that expired in 1997 and was administratively continued. This application is a renewal for this permit. The permit puts limits on discharges from Outfall 010, 016, 017, and 018. According to the NPDES permit, for any single sample collected from an outfall, the maximum allowable concentration of O&G is 15 milligrams/liter (mg/L). The maximum allowed monthly average concentration for O&G is 10 mg/L. The permit also specifies that the pH value of discharged waters shall not be less than 6.0 standard units (s.u.) or greater than 8.5 s.u. It is required that pH values must be continuously monitored and maintained between 6.0 and 8.5 s.u. for at least 99% of the readings for each month (not to exceed 7.2 hours/month). Furthermore, the pH shall not drop below 3.5 s.u. nor be greater than 11.0 s.u. for more than 15 minutes at a time.
There is no limit for flow.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

There are no such projects planned or underway.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the

drainage area of each stormwater outfall; paved areas and buildings within the drainage area of each stormwater outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in stormwater runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each are not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface bodies which receive stormwater discharges from the facility.

Attached as Figure 1 is a topographic map (Alexandria Quadrangle dated 1965) of the Naval Support Facility Anacostia, including the location of Outfalls 010, 016, 017, and 018. Figure 2 shows the storm sewer locations, drainage areas, exterior ASTs, hazardous waste storage location, structural control measures including dry and wet ponds, grassed swales and sand filters, and the location of Outfall 010, 016, 017, and 018.

VII. DISCHARGE INFORMATION

Part A. Sources of Pollutants

The following is a list of potential sources of pollutants for the drainage areas for Outfall 010, 016, 017, and 018 that could be exposed to stormwater runoff. All other ASTs or hazardous materials are stored indoors or in sheltered locations and are not exposed to stormwater runoff.

Outfall 010 Drainage Area

- Three 500-gallon aboveground storage tanks (ASTs) containing waste oil and motor oil located on the southwest side of Building 400; all three tanks are under a canopy and have concrete curbing with sufficient secondary containment.

- One 275-gallon AST containing diesel fuel and one 275-gallon AST containing MOGAS located northeast of Building 398; both tanks are double-walled tanks.

- Hazardous Waste is stored in a locker on the east side of Building 416.

Outfall 016 Drainage Area

- Two 100,000-gallon ASTs and one 30,000-gallon AST containing No. 4 fuel oil located east of Building 73; all three tanks have concrete dikes with sufficient secondary containment.

- One 250-gallon AST containing diesel fuel located north of Building 73; the tank is a double-walled tank.

Outfall 017 Drainage Area

- One 660-gallon AST containing waste oil located southeast of Building 353; the tank is a double-walled tank.

- One 10,000-gallon AST containing diesel fuel located west of Building 354; the tank is a double-walled tank.

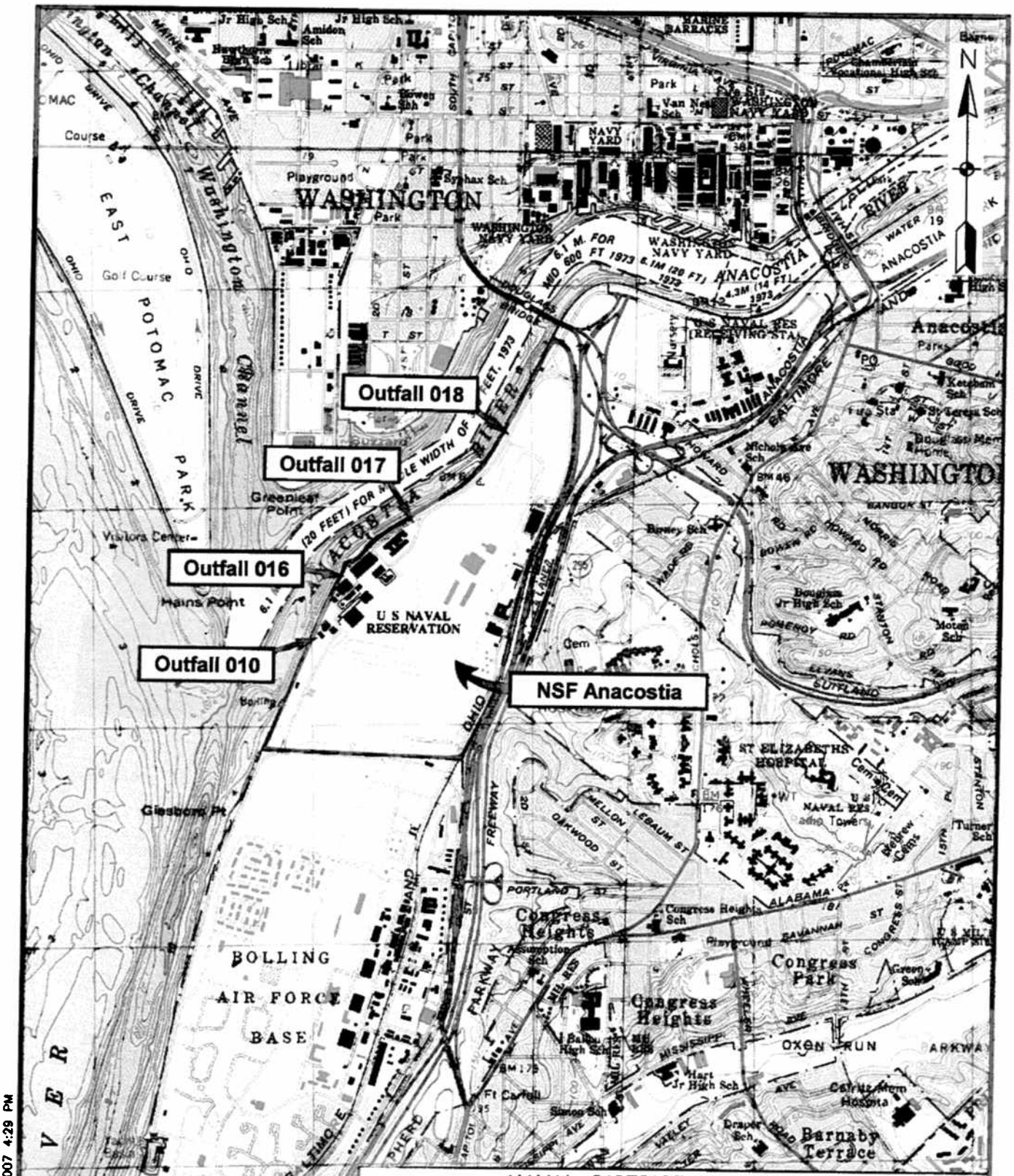
- The vehicle fueling area consists of three dispensers and is located near Building 365; the fueling area is covered by a canopy.

- 55-gallon drums of grease are stored outdoors near Building 356.

Outfall 018 Drainage Area

- A fuel oil loading area is located in Building 168; the area has secondary containment and is located inside Building 168. The fill port for the fuel oil AST is located on the exterior of the building; it is surrounded by a berm that will capture spills during transfer operations.

FIGURES



NAVAL DISTRICT WASHINGTON

DESIGNED MMF	DATE 10/24/07
REVISED MMF	DATE 10/24/07

Versar INC.
6850 VERSAR CENTER
SPRINGFIELD, VIRGINIA 22151
(703) 750-3000

SITE LOCATION MAP
NAVAL SUPPORT FACILITY
ANACOSTIA

PROJECT NO. 111587.2007	SCALE 1:24,000
DRAWING NO. NA	FIGURE 1

Figure 1.dwg 10/25/2007 4:29 PM